

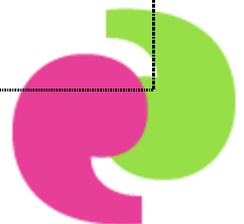
Healthwatch Kingston upon Thames

Mental Health Task Group Meeting
 Tuesday 27th May 2014 10:00am-12:00pm
 At the United Reformed Church

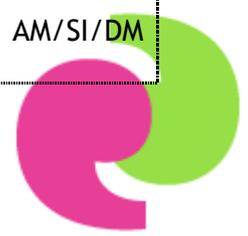
Present:

Graham Goldspring, Chair	GG	Sue Ilsley	SI
Dr Chooi Lee	CL	Jo Gikuyu	JG
Jo Boxer	JB	Debra McCarthy	DM
Naushad alley Suffee	NAS	Jo Clarke	JC
Grahame Snelling	GS		
Keith Marshall	KM		
Alan Moss	AM		

ITEM		Action
1.	Welcome and Apologies GG welcomed the Mental Health Task Group members and the invited Speaker, Dr Chooi Lee, to the meeting. There were apologies from Liz Trayhorn RBK Mental Health Lead.	
2.	Notes of the last meeting and actions Item 4 of the previous Minutes is to be amended, where St Georges should read South West London & St Georges Mental Health NHS Trust. Otherwise, the Minutes were approved and it was noted that the Actions were open and on-going.	DM
3.	Local Elections GS addressed the Group with regard to the recent local Council elections and change in Government from Lib Dem to Conservative. GS advised that the HWK committee structures will continue and GS will remain as Chair of the Health & Wellbeing Board. There could be a change in the control by Council of some committees. Cllr Pickering could be the lead around health issues and as soon as the portfolio roles are announced, GS will set up a meeting. GS advised that South West London & St Georges Mental Health NHS Trust will be publishing their annual activity report shortly and feedback from the Task Group will be requested. It was agreed that a Dementia sub-group be set up by the Mental Health Task Group to activate this. DM advised that HWK has joined the Dementia Action Alliance Group and their logo is on our website, and vice versa.	All
4.	Guest Speakers Chooi Lee Chooi Lee spoke of her involvement with Dementia Care in Kingston Hospital, as the Clinical Lead, Orthopaedics. Richmond takes the lead in Dementia Care & Training; Kingston is about five years behind them. Improvements are being made in the care of patients suffering from Dementia and Delirium following a personal story presented to the Board by Chooi Lee. CL advised that In 2012/13, Kingston hospital's admissions for those aged 80+ was 50% more than the London and England averages. Patients aged 90-99 yrs old accounted for 10% of emergency admissions in Sept 2013. In this age group, memory loss is impaired in 1:3. Patients admitted with long term/chronic conditions were statistically more likely to have a	



	<p>significantly longer hospital stay if they were suffering from dementia and delirium. In 2009, the launch of the National Dementia Strategy made it mandatory that all patients aged 65+ had a memory screening test when admitted to hospital. CL spoke of her involvement with improving the care of dementia patients in Kingston Hospital. Her work has included:-</p> <p>Forget Me Not Scheme - materials to help Carers. This Scheme includes a symbol and bracelet to identify the patient has dementia; a 'This is Me' form completed by the carer highlighting the 8 individual needs of the patient; a Carer's Passport, actively welcoming them; encouraging the completion of surveys from the Carers, feedback of which is presented to the Dementia Team at the hospital.</p> <p>Dementia Champion Checklist - this addresses the roles, duties and expectations of staff looking after dementia patients; guidelines for staff on their level of care and the inclusion of the carers;</p> <p>Dementia and Delirium Team - regular team meetings, where feedback is addressed and improvements discussed. The Minutes are circulated to all staff</p> <p>Training of Junior Doctors - CL stressed that the training of the Junior Doctors was best done immediately upon graduating and there was a document entitled 'Twenty (One) Tips for Junior Doctors working with Older People'. This document incorporated a comprehensive checklist when attending to the frail, older person. Training included how to talk with patients suffering from dementia, and training was provided to all staff working within hospitals, not just the medical staff.</p> <p>CL advised that there were a number of improvement projects taking place, including the prescribing of antipsychotic drugs, improving the detection and care of people with memory loss on non-elderly care wards and improving the detection and treatment of those with delirium.</p> <p>CL would like to see Dementia Navigators in the Community, to continue the level of care received within the hospital. She advised that there are few services available to continue the Care Programme once the patient is discharged. CL commended the work of Home Instead, and the introduction of the Memory Café at the Rose Theatre. She would like to see HWK providing the voice for the patient, to instigate a process which would provide for an extension of care into the community, on a level similar to that established within Kingston Hospital. JB suggested that the Patient Forum might be a good place to start. A Dementia Sub Committee Group could be established to activate this.</p>	All
5.	<p>Discharge from Secondary to Primary Care</p> <p>SI highlighted the problem of re-admission from primary to secondary care, particularly involving mental health. She believed the data from SW London & St Georges could be easily retrieved, so long as the enquirer had a thorough knowledge on what information was required. The Group agreed that there was a need to see the statistics and determine if there were any trends, particularly if referrals were financially driven. SI said that if there were genuine concerns, the CCG would need to be informed. The Group agreed to this, and AM and SI would determine the exact information that was required and SI</p>	AM/SI/DM



	would make enquiries through her contact. They would report back. In the meantime, DM would ask the Task Group for feedback on this issue, prior to the next meeting.	
6.	Community Wellbeing Service It was agreed that this agenda item would remain as an on-going item for discussion. DM to request any evidence of concerns regarding this service.	DM
7.	AOB JB advised that the next meeting of the Stakeholders, Tolworth Hospital is 2 nd June. JB is attending. DM will ask Active Members for feedback for JB to take with her to the meeting. SI advised that the Telephone Assessment for the IAPT service (Improving Access to Psychological Therapy) is not a national requirement, which has been incorrectly advised to us by Dr Phil Moore. The Kingston Mental Health Parliament launch date is 19 th June, organised by Kingston MIND. Invitations were distributed to the Group.	DM
8.	Dates for the next Meeting Possible dates for the next meeting were 8 th / 9 th / 10 th July 2014 from 10am-12pm at the URC. DM would confirm the date in due course and will encourage greater attendance for the next meeting.	

DRAFT

